

CIVIL AIR PATROL  
South Carolina Wing Headquarters  
P O Box 280065  
Columbia SC 29228-0065

S C Wg Supplement 1  
CAPR 173-2  
1 December 1999

Finance

FINANCIAL PROCEDURES FOR CAP REGIONS AND WINGS

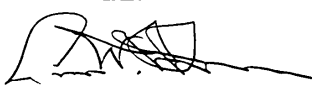
CAPR 173-2, 1 April 1999, is supplemented as follows:

2b(1) Added. Wing units and headquarters staff sections planning activities will use SC Wg Form 3 (Activity Request/Approval) when wing funds, wing managed equipment, or USAF Liaison Officer coordination is required. This form may also be used for unit fund raising approval IAW CAPR 173-4, para 3a. This form is shown on the reverse of this supplement. Local reproduction is required. Hq SC Wg/CS must receive completed forms not later than 30 days prior to the event. Additional lead-time may be required for airlift requests, activities requiring DOD support, etc. **Do NOT commit funds or obligate CAP in any manner prior to Wing Commander approval and USAF Liaison Officer coordination if required.**

9h Added. Hq SC Wg/CS will monitor SC state calling card use on a monthly basis by reviewing state phone bill records. Members using card for reimbursable federal, state, or other missions will verify the appropriate mission numbers with the Chief of Staff to insure timely requests for reimbursement.

OFFICIAL:

HARTSELL O. ROGERS, JR., Colonel, CAP  
Wing Commander



LAWRENCE W. MARKHAM, Lt Col, CAP  
Administrative Officer

SUMMARY OF CHANGES: Updates procedures for SC state calling cards.

NOTE: ALL SOUTH CAROLINA WING UNITS AND HEADQUARTERS STAFF SECTIONS  
SHOULD MAINTAIN THIS SUPPLEMENT AS A STAND-ALONE DOCUMENT.

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Supersedes S C Wg Supplement 1, 1 May 1999

OPR: CS

Distribution: Each Wg Unit (2) HQ MERgn (1) CS/LO/DO/LG/FM/DA (1)

SC Wg Sup 1 CAPR 173-2 Attachment 1

A1

<b>SOUTH CAROLINA CIVIL AIR PATROL ACTIVITY REQUEST/APPROVAL</b>	
Type of Activity:	
Requesting Unit/Hq Staff Section:	
Proposed Location:	
Primary Date(s):	Alternate Date(s):
Project Officer:	Phone Number(s):
Participants: (Units, # of seniors/cadets, non-members, etc)	

Signature of Unit Commander/Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

<b>SUPPORT NEEDED:</b> [check all that apply]	
<input type="checkbox"/> <u>Operations</u>	(Aircraft, aircrews, instructors, etc)
<input type="checkbox"/> <u>Logistics</u>	(Vehicles, facilities, equipment, etc)
<input type="checkbox"/> <u>Other Staff</u>	(Specify staff section and items needed)
<input type="checkbox"/> <u>CAP-USAF Liaison Officer</u>	(Military airlift, access to military facilities, military support, etc)

<b>FUNDING:</b>	
<input type="checkbox"/> Unit/member funded <u>OR</u>	<input type="checkbox"/> Wing Funding (Amount requested: _____)
NOTE: If Wing funding is indicated, attach an activity budget with projected income, expenses, and wing support needed.	

<b>WING HEADQUARTERS ACTION:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved	
with exceptions: _____	
Wing funding approved: _____	Remarks/activity restrictions, etc: _____
Wing Commander Signature: _____ Date: _____	